

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

"EXPRESS MAIL" MAILING LABEL

NUMBER EL915249916US

DATE OF DEPOSIT

<u>January 11, 2002</u>

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: BOX PATENT APPLICATION, COMMISSIONER OF PATENTS, WASHINGTON, DC

20231-0001.

SIGNED

TYPED NAME

Sir:

Transmitted herewith for filing is the patent application of inventor(s):

Siltex Peter YUEN

For:

## RUGGEDIZED, WATER SEALED, SECURITY-ENHANCED TOUCHPAD ASSEMBLY

Enclosed are also:

File No. A-69469/MAK/KRG

**Box PATENT APPLICATION** 

Washington, DC 20231-0001

Commissioner of Patents

Information Disclosure Statement, PTO 1449 & references
16 sheets of Specification, Abstract and Claims
sheets of drawings. Formal, Informal _X_
16 sheets of Specification, Abstract and Claims  1 sheets of drawings. Formal, Informal _X  2 sheets of drawings. Formal, Informal _X  3 sheets of drawings. Formal, Informal _X  4 sheets of drawings. Formal, Informal _X  4 sheets of drawings. Formal, Informal _X  5 sheets of drawings. Formal, Informal _X  6 sheets of drawings. Formal, Informal _X  7 sheets of drawings. Formal, Informal _X  8 sheets of drawings. Formal, Informal _X  8 sheets of drawings. Formal, Informal _X  8 sheets of drawings. Formal, Informal _X  9 sheets of drawings. Formal, Informal _X  9 sheets of drawings. Formal, Informal _X  9 sheets of drawings. Formal, I
(cost of recording to be charged to Deposit Account No. 06-1300 (Order No. A//_)  Recordation Cover Sheet
Power of Attorney by Assignee
Combined Declaration and Power of Attorney for Patent Application
Declaration for Patent Application
Associate Power of Attorney
Applicant claims small entity status. See 37 CFR 1.27.
A self-addressed return postcard.

		(Col. 1) NO. FILED		(Col. 2) NO. EXTRA	SMALL ENTITY			OTHER THAN SMALL ENTITY		
					RATE		FEE	RATE		FEE
BASIC FEE						\$	370		\$	740
TOTAL CLAIMS	39	- 20	-	19	x 9 =	\$	171	x 18 =	\$	
INDEP CLAIMS	3-	3		0	x 42 =	\$	0	x 84 =	\$	
MULTIPLE DEPENDENT CLAIM PRESENTED []				+140 =	\$		+280 =	\$	•	
If the difference in Col 1 is less than zero, enter "O" in Col. 2					TOTAL	\$	541	TOTAL	\$	0

- Our check no. 39268 in the amount of \$541.00 to cover the filing fee is enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required, including extension fees, or credit any overpayment to Deposit Account No. 06-1300 (our Order No. A-69469/MAK/KRG).

Respectfully submitted,

Michael A. Kaufman

Reg. No. 32,998

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